

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 6

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> COUNTY <u>Dunklin</u>                                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kennett</u>   |   | c. CITY OR TOWN <u>Kennett Mo.</u>   |   |
| Length of stay in 1b  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR <u>Dunklin County</u><br>INSTITUTION <u>Memorial Hospital</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>320 Wiggs St</u>   |   |
| 3. NAME OF DECEASED<br>(Type or print) First <u>Betty</u> Middle <u>Clanton</u> Last <u>Clanton</u>   |   | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>8-</u> Year <u>1963</u>  |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <u>8-30-1879</u>                           |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housekeeper</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>   |   |
| 11a. FATHER'S NAME<br><u>Thomas Haygood</u>   |   | 11b. MOTHER'S MAIDEN NAME<br><u>Mahala Johnson</u>   |   |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><u>No.</u> <u>XX</u>   |   | 12b. SOCIAL SECURITY NO. <u>XXXXXX</u>   |   |
| 13a. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>General Anesthesia</u><br><u>Hypertension U. V. Disease</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>General Anesthesia</u><br>DUE TO (c) <u>Hypertension U. V. Disease</u> |   | 13b. NAME OF HUSBAND OR WIFE<br><u>M.C. Clanton- Deceased</u>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour <u>8:55</u> a.m. <u>p.m.</u> Month, Day, Year <u>Jan 8, 1963</u>  | 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br><u>Kennett Mo.</u>   |   |
| 20g. STATE<br><u>Mo.</u>  |   | 20h. COUNTY<br><u>Dunklin</u>  |   |
| 21. I attended the deceased from <u>1950</u> to <u>Jan 8, 1963</u> and last saw her alive on <u>Jan 8, 1963</u><br>Death occurred at <u>8:55 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE<br><u>George H. Hunsman</u> (Degree or title) <u>M.D.</u>  |   | 22b. ADDRESS<br><u>Kennett Mo.</u>   |   |
| 22c. DATE SIGNED<br><u>1/11/63</u>  |   | 22d. DATE<br><u>1/11/63</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>1-10-63</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Ridge Cemetery</u>  | 23d. LOCATION (City, town, or county)<br><u>Kennett Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Lentz Service</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>1-12-1963</u>   |   |
| ADDRESS<br><u>Kennett Mo.</u>   |   | REGISTRAR'S SIGNATURE<br><u>Carl Hunsman</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 21 1963

Kennett Mo.

Kennett

General Hospital  
Kennett Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Edgar F. Ford*

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.